MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6		(0)				
7		(0)		1		
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TOTAL IND.	1					
TOTAL DEP.	11		5			
TOTAL CLAIMS	12					

		IND.	DEP.	IND.	DEP.	IND.	DEP.
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	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						